

**COMPETENCE FOR DUTY EXAMINATION**

NAVMED 6120/1 (REV. 1-82) S/N 0105-LF-206-1206

INSTRUCTIONS FOR THE USE AND PURPOSE OF THIS FORM ARE CONTAINED IN BUMEDINST 6120.20 SERIES.

THIS FORM SHALL NOT BE USED FOR PROCEDURES PERFORMED FOR CLINICAL OR THERAPY PURPOSES.

**DEFINITION OF COMPETENCE FOR DUTY**

**FOR PERSONS IN THE NAVAL SERVICE:** The ability to perform fully the naval duties to which the individual normally would be assigned. (Note: A person who has indulged in intoxicating beverages, narcotics or dangerous drugs to such an extent as to impair sensibly the rational and full exercise of his mental and physical faculties cannot be entrusted with the duties incident to naval service. The fact that the person is in a patient, leave, or liberty status is immaterial to the determination of his competence to perform his naval duties.)

**FOR ALL OTHERS:** The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

**INSTRUCTIONS**

- Items 1-12 shall be completed in duplicate by the commanding officer or other proper authority requesting examination.
- Items 13-48 shall be completed by medical officer conducting examination. Under item 13, History, include information provided by examinee as to ingestion and quantity of alcoholic beverage, narcotic, drug substance, or food, and time taken. Note any evidence of disease or injury (other than the condition prompting this examination) in item 16.
- When conducting an examination of competence for duty and individual is accused or suspected of an offense, comply with BUMEDINST 6120.20 series.
- All treatment provided at the time of examination shall be entered on form NAVMED 6150/3, Sick Call Treatment Record.

**A. REQUEST FOR EXAMINATION**

1. TO:	2. DATE	3. TIME (hours)
--------	---------	-----------------

It is requested that physical examination be given the following individual to determine competence for duty.

4. NAME (Last, first, middle)	5. GRADE OR RATE	6. DUTY STATION
-------------------------------	------------------	-----------------

7. REASON FOR REFERRAL:

☐ Check here if laboratory analysis is desired.

8. SIGNATURE (Requester)	9. GRADE OR RATE	10. TITLE
11. NAME OF REQUESTER (Type or print in ink)		12. DUTY STATION

**B. CLINICAL EXAMINATION**

13. HISTORY

14. GENERAL APPEARANCE (Include appearance of clothing)	15. MENTAL STATE
---	------------------

16. DISEASES OR INJURIES (Other than the condition prompting this examination, per inst. 2 above)

17. TEMPERATURE	18. PULSE (Rate and character)
19. BLOOD PRESSURE	
20. FACE (Flushed, pallid, cyanotic)	21. TONGUE
	22. BREATH
23. SKIN (Warm, cool, moist, dry, pale)	24. SPEECH (Thick, slurred, ability to report words such as Merciful, Pedestrian, Peter Piper)
25. EYES (Site of pupils, reaction to light, conjunctive, etc.)	

Continue on Reverse

752-App E-1  
21 May 2001

26. OTHER CONDITIONS <input type="checkbox"/> VOMITING <input type="checkbox"/> INCONTINENCE OF URINE <input type="checkbox"/> INCONTINENCE OF FECES	27. SAMPLE OF HANDWRITING
---	---------------------------

**C. NEUROLOGICAL EXAMINATION**

28. REFLEXES	29. COORDINATION	
<input type="checkbox"/> HYPERACTIVE	FINGER TO NOSE	ROMBERG TEST
<input type="checkbox"/> HYPOACTIVE	HEEL TO KNEE	
<input type="checkbox"/> TREMOR	ABILITY TO APPROACH AND PICK UP OBJECT FROM THE FLOOR.	GAIT

**D. LABORATORY EXAMINATIONS (if requested in Part A):**

30. BLOOD ANALYSIS (Name of test results expressed as mgm per ml or in other standard units)	31. TIME TAKEN (HOUR)	33. OTHER TESTS (Gastric contents, urine, etc.)	34. TIME TAKEN (HOUR)
	32. DATE		35. DATE
36. SPECIMEN OBTAINED BY (Name of person)		37. RESULTS VERIFIED BY (Name of person)	

**E. CONCLUSIONS AS TO COMPETENCE FOR DUTY**

Check the applicable "YES" or "NO" box to indicate answer.	YES	NO	If the answer to item 38 is NO, also answer items 39 and 40 and indicate in block 43 the approximate time examinee is expected to become competent to return to duty. If the answer item 39 is YES, describe in block 16 DISEASES or INJURIES. If a answer to item 40 is YES, describe under block 42.
38. Is the examinee competent to perform duty?	<input type="checkbox"/>	<input type="checkbox"/>	
39. Is examinee's condition due to disease or injury?	<input type="checkbox"/>	<input type="checkbox"/>	
40. Is examinee's condition due to use of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
41. DISPOSITION: <input type="checkbox"/> RETURNED TO FULL DUTY <input type="checkbox"/> ADMITTED TO SICKLIST <input type="checkbox"/> RELEASE TO CUSTODY OF (Specify to whom)			

42. REMARKS (All answers should be as brief as possible. Items requiring more space should be continued in this "Remarks" block. Specify item continued.)

**F. RESPONSE TO REQUESTOR**

In accordance with the request in Section A, individual has been examined as forth above to determine competence for duty. A signed copy of the report is inserted in the Medical Record of the individual.

43. THE INDIVIDUAL ☐ HAS ☐ HAS NOT RECEIVED A COPY OF THIS REPORT.

44. SIGNATURE (Examiner)	45. GRADE OR RATE	46. DUTY STATION	47. TIME:
8. NAME (Typewrite)			DATE:

NAVMED 6120/1 Back (REV. 1-82) S/N 0105-LF-206-1206